



UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

CLERK'S OFFICE - NO. 1
FILED
MAY 30 2014
10:00 AM

CARLOS VARELA	Plaintiff(s))
DIN# 10A5427)
vs.)
NYS DEPARTMENT OF CORRECTIONS)
MR. THOMAS STICHT- SUPERINTENDENT)
L.ROTH, -NURSE ADMIN	Defendant(s))
GOWANDA CORRECTIONAL FACILITY)

AT 10:00 O'CLOCK
INMATE
CIVIL RIGHTS
COMPLAINT PURSUANT
PURSUANT TO
42 U.S.C. § 1983

Case No. 9:14CV 637

Plaintiff(s) demand(s) a trial by: JURY COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

PARTIES

2. Plaintiff: CARLOS VARELA DIN# 10A5427
 Address: GOWANDA CORRECTIONAL FACILITY
P.O. BOX 311
GOWANDA, NEW YORK 14070-0311

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: MR. THOMAS STICHT
 Official Position: SUPERINTENDENT
 Address: P.O. BOX 311
GOWANDA, NEW YORK 14070-0311

b. Defendant: L. ROTH
Official Position: RN, NURSE ADMINISTRATOR 1
Address: GOWANDA CORRECTIONAL FACILITY
P.O. BOX 311
GOWANDA, NEW YORK 14070-0311

c. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. PLACE OF PRESENT CONFINEMENT

a. Is there a prisoner grievance procedure at this facility?

X Yes No

b. If your answer to 4a is YES, did you present the facts relating to your complaint in this grievance program?

X Yes No

If your answer to 4b is YES,

(i) What steps did you take? I filed a complaint through
the facility I.G.P, (Inmate Greivance Program).

(ii) What was the final result of your grievance? Grievance denied.

If your answer to 4b is NO - why did you choose to not present the facts relating to your complaint in the prison's grievance program? _____

c. If there is no grievance procedure in your institution, did you complain to prison authorities about the facts alleged in your complaint?

____ Yes ____ No

If your answer to 4c is YES,

(i) What steps did you take? _____

(ii) What was the final result regarding your complaint? _____

If your answer to 4c is NO - why did you choose to not complain about the facts relating to your complaint in such prison? _____

5. PREVIOUS LAWSUITS

a. Have you ever filed any other lawsuits in any state and federal court relating to your imprisonment?

____ Yes No

b. If your answer to 5a is YES you must describe any and all lawsuits, currently pending or closed, in the space provided below.

For EACH lawsuit, provide the following information:

i. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

STATEMENT OF FACT

I submitt this complaint on the grounds of inadequate medical care. I have been to sick call and emergency call at Gowanda Correctional Facility at least a dozen times. I am still being denied of medical care. I have requested to see a specialist because of severe pain in my groin area. I still have not been sent out to a outside hospital. I have been complaining about this since early September. (7) months have gone by and I still suffering and have extreme pain and it's getting worse. I have contacted the medical staff at Gowanda Medical Center. My family has also contacted Gowanda's mdeical staff due to the pain that I am suffering. Due to the facility failing to provide me with medical treatment they are deliberately indifferent to my serious medical needs. They are purposely allowing me to go without necessary help. The medical staff is deliberate indifference becuase they are ignoring obvious conditions, failing to provide treatment for diagnosed conditions, delaying treatment, interfering with access to treatment and making medical decisions based on non-medical factors. Due to these indifferences Gowand Correctional facility is in violation of my Eighth Amendment. Due to the potentially serious problem repeatedly requesting medical aid, and receiving none I am in deep pain. I am 22 years old and I should not be feeling this much pain in my groin area. The medical staff here at Gowanda had examined me groin area and had notice inflammation and swelling and failed to address my medical needs. Due to this ailment my whole lower body feels as if it's always on fire. I currently have problems geeting out of bed in the morning or any time that I lay down or sit down for a long period of time.

ii. Court (if federal court, name District; if state court, name County):

iii. Docket number: _____

iv Name of Judge to whom case was assigned: _____

v Disposition (dismissed? on appeal? currently pending?): _____

Approximate date of filing prior lawsuit:

Approximate date of disposition:

6 FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

SEE ATTACHED STATEMENT OF FACTS

7.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

INADEQUATE MEDICAL CARE

SECOND CAUSE OF ACTION

DELIBERATE INDIFFERENCE

THIRD CAUSE OF ACTION

VIOLATION OF EIGHTH AMENDMENT

8. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

RECEIVE THE MEDICAL ATTENTION AND TREATMENT FOR
THE PAIN IN MY GROIN AREA. REQUESTING MONETARY DAMAGES
OF \$1, 000.000 (ONE MILLION DOLLARS) FOR PAIN AND SUFFERING.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 5/27/14



CARLOS VARELA 10A5427

Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010